



Delaware International Fuel Tax Agreement

IFTA

License Application

Registration Period 01/01/20011 through 12/31/2011



MOTOR CARRIER SERVICES SECTION
P.O. DRAWER E
DOVER, DELAWARE 19903-1565
PHONE: (302) 744-2702

ID Number	1a Federal Employer Identification Number	OR	1b Social Security Number	1c Application Type <input type="checkbox"/> New Account <input type="checkbox"/> Renewal <input type="checkbox"/> Supplemental
2 Legal Name				3 Business Telephone Number
4 Trade Name				5 Business Facsimile Number (Fax)
6a Physical Business Address (Street)				7a Mailing Address for tax reports and information. (Name)
6b Box				7b Street
6c City	6d State	6e Zip Code		7c Box
6f Contact Person				7d City
				7e State
				7f Zip Code
8 IRP Account Number		9 US DOT Number		10 Would an audit be performed at business address stated on line 6a? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please provide audit address on page 3
11 Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Government <input type="checkbox"/> Other (specify) <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Religious <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Unknown				
12 Names, titles, social security numbers and resident addresses of principal officers of corporation or of members, partners, owners, etc.				
Name	Title	Social Security Number	Number and Street	City or Town, State, Zip Code

Decal Order

Two IFTA Decals (1 set) are needed for each vehicle

13 Number of decal sets @ \$5.00 per set.....

No. of Decal Sets	Amount Due
Check No.	

Remit Decal fees with application. Remittance must be in U.S. funds.
Make check payable to: *Motor Fuel Tax Administration/IFTA Unit*

Complete items on next pages and be sure to sign this application.

Please review the preprinted information on this application and make any necessary changes.

Office use only

14. Type of Fuel Used (check all that apply)

☐ 1. Diesel ☐ 2. Motor Fuel Gasoline ☐ 3. Ethanol/Gasahol ☐ 4. Propane (LPG) ☐ 5. CNG

15. Place an "X" in the box next to any jurisdiction in which you travel

<input type="checkbox"/> AB Alberta	<input type="checkbox"/> AK Alaska	<input type="checkbox"/> AL Alabama	<input type="checkbox"/> AR Arkansas
<input type="checkbox"/> AZ Arizona	<input type="checkbox"/> BC British Columbia	<input type="checkbox"/> CA California	<input type="checkbox"/> CO Colorado
<input type="checkbox"/> CT Connecticut	<input type="checkbox"/> DC Dist. of Col.	<input type="checkbox"/> DE Delaware	<input type="checkbox"/> FL Florida
<input type="checkbox"/> GA Georgia	<input type="checkbox"/> IA Iowa	<input type="checkbox"/> ID Idaho	<input type="checkbox"/> IL Illinois
<input type="checkbox"/> IN Indiana	<input type="checkbox"/> KS Kansas	<input type="checkbox"/> KY Kentucky	<input type="checkbox"/> LA Louisiana
<input type="checkbox"/> MA Massachusetts	<input type="checkbox"/> MB Manitoba	<input type="checkbox"/> MD Maryland	<input type="checkbox"/> ME Maine
<input type="checkbox"/> MI Michigan	<input type="checkbox"/> MN Minnesota	<input type="checkbox"/> MO Missouri	<input type="checkbox"/> MS Mississippi
<input type="checkbox"/> MT Montana	<input type="checkbox"/> NB New Brunswick	<input type="checkbox"/> NC North Carolina	<input type="checkbox"/> ND North Dakota
<input type="checkbox"/> NE Nebraska	<input type="checkbox"/> NF Newfoundland	<input type="checkbox"/> NH New Hampshire	<input type="checkbox"/> NJ New Jersey
<input type="checkbox"/> NM New Mexico	<input type="checkbox"/> NS Nova Scotia	<input type="checkbox"/> NV Nevada	<input type="checkbox"/> NY New York
<input type="checkbox"/> OH Ohio	<input type="checkbox"/> OK Oklahoma	<input type="checkbox"/> ON Ontario	<input type="checkbox"/> OR Oregon
<input type="checkbox"/> PA Pennsylvania	<input type="checkbox"/> PE Prince Edward Island	<input type="checkbox"/> PQ Quebec	<input type="checkbox"/> RI Rhode Island
<input type="checkbox"/> SC South Carolina	<input type="checkbox"/> SD South Dakota	<input type="checkbox"/> SK Saskatchewan	<input type="checkbox"/> TN Tennessee
<input type="checkbox"/> TX Texas	<input type="checkbox"/> UT Utah	<input type="checkbox"/> VA Virginia	<input type="checkbox"/> VT Vermont
<input type="checkbox"/> WA Washington	<input type="checkbox"/> WI Wisconsin	<input type="checkbox"/> WV West Virginia	<input type="checkbox"/> WY Wyoming
<input type="checkbox"/> YU Yukon			

16 Have you been issued an IFTA license by another IFTA jurisdiction?

Add new jurisdiction(s)

17 If "Yes" to question 16, has your IFTA license ever been suspended or revoked??

Add new jurisdiction(s)

18 Do you maintain bulk fuel storage in any jurisdiction (including Delaware)?

Add new jurisdiction(s)

19 Are you consolidating fleets from other jurisdictions in this account?

Add new jurisdiction(s)

The applicant agrees to comply with reporting, payment, record keeping requirements, to report payments, keep records, and license display requirements as specified in the State of Delaware Tax Law and the International Fuel Tax Agreement.

The applicant further agrees that the State of Delaware may withhold any refunds due if the IFTA applicant is delinquent on payment of fuel taxes due to any member IFTA jurisdiction.

Failure to comply with these provisions shall be grounds for revocation of any IFTA license in all member jurisdictions.

I hereby affirm that I am authorized to sign this application and that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Type or print authorized signature		Title	
Signature of owner, partner, member or officer		Telephone Number	Date

STATE OF DELAWARE
MOTOR FUEL TAX ADMINISTRATION
P. O. DRAWER E
DOVER, DE 19903-1565
PHONE: (302) 744-2702

Audit Address Information
Delaware International Fuel Tax Agreement

Applicant's Federal Employer Identification Number		OR	Applicant's Social Security Number	
Name				
Physical Audit Address (Street)				
Box				
City		State	Zip Code	
Contact Person	Title		Telephone Number/Extension	